

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5871

STATE FILE NUMBER

FILED FEB 26 1957

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond</u> <u>08910</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>336 South Shaw</u>		Length of stay in lb <u>79 years</u>	d. STREET ADDRESS (If outside, give location) <u>336 South Shaw</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>Andrew</u> Last <u>Paulson</u>			4. DATE OF DEATH Month <u>February</u> Day <u>14</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>February 1, 1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building contractor</u>		11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Charles Paulson</u>			
14. MOTHER'S MAIDEN NAME <u>Frances M. Gough</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Richmond</u>		17. INFORMANT <u>Mrs. Floyd Clark, Richmond, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA of LARYNX</u> DUE TO (b) <u>GENERALIZED METASTASES</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>None</u>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec 1-56</u> to <u>Feb 14-57</u> and last saw <u>him</u> alive on <u>2-14-57</u> Death occurred at <u>9:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>G. G. Jay M.D.</u> (Degree or title)			22b. ADDRESS <u>Richmond, Mo.</u>		22c. DATE SIGNED <u>2-16-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<u>Burial February 16, 1957</u>		<u>February 16, 1957</u>	<u>City Cemetery</u>		<u>Richmond, Mo.</u>
24. FUNERAL DIRECTOR <u>2805-LIKE FUNERAL HOME</u> <u>RICHMOND, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 18-1957</u>		26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, Registrar, etc. must be casually related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be medically related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be medically related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be medically related.

Received Monday 16th

FEB 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 40

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.